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ABSTRACT

Communication apprehension, or feelings of anxiety and discomfort when faced with the prospect of interacting with another person, may be caused by fear, stereotypes, negative attitudes, or perceived lack of communication ability. The present study followed participants through an Acquired Immune Deficiency Syndrome (AIDS) volunteer training program, investigating the determinants of their communication apprehension towards persons with AIDS and people who are dying. Specifically, death anxiety, attitudes toward male homosexuality, and general communication ability were all expected to be related to communication apprehension prior to training. The changes in these measures that occurred as a result of training were also assessed, as well as the persistence of these changes, and their continuing association with communication apprehension. Eighty-one participants in the 2.5-day program completed a pre-training questionnaire; 63 completed the post-treatment questionnaire; and 31 completed the follow-up questionnaire. As predicted, regression analyses of initial communication apprehension revealed death anxiety, attitudes toward male homosexuality, and communication ability all to be predictors of communication apprehension. Communication ability and attitudes toward male homosexuality, however, proved to be differentially important in predicting communication apprehension toward someone who was dying or toward a person with AIDS. As predicted, moreover, the training experience led to significant immediate decreases in communication apprehension (both toward a dying person and a person with AIDS), with these changes persisting through a 4-month follow-up. Thus, the results suggest that volunteer programs should focus on reducing the stigma associated with, and link between, AIDS and homosexuality. (ABL)

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THE TRAINING OF AIDS VOLUNTEERS: DETERMINANTS OF COMMUNICATION APPREHENSION

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The Training of AIDS Volunteers:

Determinants of Communication Apprehension

The present study followed participants through an AIDS volunteer training program, investigating the determinants of their communication apprehension towards persons with AIDS and people who are dying. Specifically, death anxiety, attitudes toward male homosexuality, and general communication ability were all expected to be related to communication apprehension prior to training. The changes in these measures that occurred as a result of training were also assessed, as well as the persistence of these changes, and their continuing association with communication apprehension. As predicted, regression analyses of initial communication apprehension revealed death anxiety, attitudes toward male homosexuality, and communication ability to all be important predictors of communication apprehension. Communication ability and attitudes toward male homosexuality, however, proved to be differentially important in predicting communication apprehension toward someone who was dying or toward a person with AIDS. As predicted, moreover, the training experience led to significant immediate decreases in communication apprehension (both toward a dying person and a person with AIDS), with these changes persisting through a four month follow-up. Thus, the results suggest that communication apprehension towards stigmatized populations can be reduced, and that volunteer programs should focus on reducing the stigma associated with, and link between, AIDS and homosexuality.

Communication apprehension, or feelings of anxiety and discomfort when faced with the prospect of interacting with another person, may be caused by fear, stereotypes, negative attitudes, or perceived lack of communication ability. People often experience communication apprehension when they must interact with others who are unfamiliar or dissimilar to themselves (McCroskey, 1984). More generally, individuals may experience distress in interaction situations in which "taboo" topics and fears, like death, homosexuality, and AIDS may be confronted.

In the present research, we followed participants through an AIDS volunteer training program and examined how their attitudes toward homosexuality (Triplet & Sugarman, 1987; Katz et al., 1987) and death anxiety were related to their communication apprehension toward people with AIDS (PWAs) and people who are dying.

Fears about the "uncertainties" or perceived unknowns of AIDS and its contraction, fear of death and dying, anxiety caused by confronting issues of sexuality, prejudicial attitudes toward homosexuals, and embarrassment at one's own irrational responses have been identified as contributing to the negative reactions of health care personnel and the general public to AIDS and PWAs (Bartnof, 1988; Dunkel & Hatfield, 1986; Geis et al., 1985). In fact, the perception that "marked" persons (e.g., PWAs, homosexuals, dying persons) always pose some form of threat or danger, in whatever form, may be the most fundamental characteristic of stigmatizing interactions (Jones et al., 1984). Interactions with PWAs or dying people, in particular, may threaten people by forcing them to think about issues they would rather avoid (such as death, illness, and homosexuality), and confront the "dangerous" possibility that something similar could happen to them. All of these factors, then, should make it particularly likely that people will experience communication apprehension when faced with the prospect of interacting with a PWA, or more generally, people who are dying.

In addressing these issues, we chose to focus on programs aimed at reducing stigma and promoting communication with PWAs (Morin, 1988). AIDS volunteer training

programs do exactly this by educating interested individuals about AIDS and AIDS-related issues, and training them (e.g., through discussion of fears and role-plays of peer counseling techniques) to provide certain forms of assistance to PWAs. Furthermore, volunteer training provides an appropriate context for investigating communication apprehension and its determinants in that participants are making the choice to potentially work with PWAs in the future.

At a theoretical level, then, this research was concerned with attitudes which may determine communication apprehension toward PWAs and dying persons, such as death anxiety, attitudes toward male homosexuality, and communication abilities. At an applied level, it focused on a program designed explicitly to train individuals to overcome their fears and work effectively with PWAs. In addition, the present research examined attitude changes that occurred as a result of training, as well as the persistence of these changes, and their continuing association with communication apprehension.

Method

The present study focused on communication apprehension toward PWAs (CA-PWA) and people who are dying (CA-Dying), and the determinants this apprehension among participants in a two and one-half day AIDS volunteer training program held at the University of Kansas and conducted by a regional AIDS volunteer service organization. Respondents completed confidential questionnaires before training began, on the last day of training, and four months after completion of training. These questionnaires contained multiple item scales assessing respondents' general communication abilities (= .79), death anxiety (= .80), and attitudes toward male homosexuality (= .73), and either their communication apprehension toward a PWA (CA-PWA, = .95) or a person who is dying (CA-Dying, = .86). A total of 81 people (32 males, 49 females) completed the pre-training questionnaire. Of these, 78% (n=63) also completed the Time 2 questionnaire, and 38% (n=31) completed the follow-up questionnaire. Respondents were comprised primarily of college students in their early twenties who, by special arrangement, were receiving academic credit for their participation in the training program.

Results

As predicted, pre-training levels of communication apprehension did not differ as a function of target group, [CA-Dying ($\underline{M}$ = 3.38) and CA-PWA ($\underline{M}$ = 3.16), $\underline{t}$ < 1, $\underline{ns}$]. As indicated by these means, moreover, participants claimed relatively moderate degrees of apprehension about communicating with a PWA or a dying person (scale range 1-7). The Time 1 zero-order correlations for the variables of interest are shown in Table 1. As can be seen, greater communication apprehension was significantly associated with greater death anxiety, more negative attitudes toward male homosexuality, lower perceived communication ability, and being male. Although related to communication apprehension, communication ability and attitudes toward male homosexuality were unrelated to each other, while more negative attitudes toward male homosexuality covaried with greater death anxiety.

Table 2 presents the means and standard deviations for the variables of interest at all three times. As shown, participants generally claimed moderate levels of communication apprehension and death anxiety, held relatively negative attitudes toward male homosexuality, and felt that they possessed relatively good communication abilities.

To test the hypothesized determinants of communication apprehension and whether these differed by the target of interactions (dying person or PWA), we performed hierarchical regression analyses in which pre-training communication apprehension was regressed on communication ability, death anxiety, attitudes toward male homosexuality, and the interactions of these variables with target group (Cohen & Cohen, 1983). As shown in Table 3, these analyses revealed each of the individual predictors to be important determinants of communication apprehension, and all were in the expected directions. In addition, and as hypothesized, there was a significant interaction between group and communication ability such that general communication ability better predicted CA-Dying than CA-PWA. The expected interaction between group and attitudes toward male homosexuality was also obtained, but was only of marginal significance. The index

of attitudes toward male homosexuality was a better predictor of CA-PWA than of CA-Dying. Death anxiety, meanwhile, was related to communication apprehension equally across both groups.

Beyond a focus on the initial determinants of communication apprehension, we were interested in the effects of training on participants' subsequent attitudes and fears. As expected, training produced significant immediate decreases in communication apprehension (collapsed over CA-Dying and CA-PWA), $F(1,58) = 19.08$, $p < .001$, and these changes tended to persist through the four month follow-up. Participants' attitudes toward male homosexuality also became marginally more positive after training, $F(1,59) = 3.56$, $p < .065$. Finally, in subsequent regression analyses we found that changes in the initial determinants of communication apprehension (specifically communication ability and death anxiety) predicted later communication apprehension, even after controlling for the effects of pre-training apprehension (see Table 4).

Discussion

These findings indicate that communication apprehension can be predicted from certain attitudes and skills (communication ability, death anxiety, homophobia), especially those associated with the target of interaction. This research also showed that negative attitudes toward male homosexuality and communication apprehension towards stigmatized populations can be reduced as a consequence of volunteer training. The effective training components remain to be identified, however, and can potentially be adapted for use in changing the general public's attitudes and interactions with PWAs.

Education on the facts about AIDS, PWAs, and homosexuality would seem to be important components of any intervention. Information alone, however, is apparently inadequate to eliminate the fear and stigma associated with AIDS and homosexuality (Morin, 1988). The complex nature of factors contributing to negative attitudes towards AIDS and communication apprehension toward PWAs may very well require multimodal interventions which blend educational and experiential techniques, such as lectures, role-plays, movies, and group discussions, to change people's attitudes and behaviors. Positive interactions with homosexuals and PWAs, to the extent they can be insured, also may be necessary components of interventions because they help make obvious the cognitive disrortions operating in people's attitudes toward homosexuals and PWAs, while they may also help people to develop new communication skills.

Education and experience may help people to overcome their negative expectations about possible interactions with PWAs or homosexuals, and their biases regarding the moral worth of PWAs or homosexuals, all of which may ultimately contribute to communication apprehension (Katz et al., 1987). At the very least, though, AIDS volunteer training programs, as much as they attempt to convey accurate information about AIDS contraction, may wish to focus on the underlying attitudes and fears of new volunteers, and the psychological links between AIDS, homosexuality, and death.

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Table 1. Time 1 Zero-Order Correlations Collapsed Over All Subjects.

	Communication Ability	Death Anxiety	Attitudes Toward Male Homosexuality	Sex
Communication Apprehension	-.266**	.535***	-.622***	.235*
Communication Ability	--	-.161	.120	-.024
Death Anxiety		--	-.323**	-.065
Attitudes Toward Male Homosexuality			--	-.151

*p<.05. **p<.01. ***p<.001.

Note. For "Sex", females were coded as 0, males were coded as 1.

Table 2. Means for All Participants Completing Measures at Each Time (Standard Deviations in Parentheses).

	Time		
Variable	1 (n=81)	2 (n=63)	3 (n=31)
Communication Apprehension	3.28 (1.11)	2.87 (.95)	2.58 (.93)
Communication Ability	5.36 (1.31)	5.55 (1.03)	5.83 (1.02)
Death Anxiety	4.31 (1.09)	4.40 (1.03)	4.29 (1.20)
Attitudes Toward Male Homosexuality	4.72 (1.76)	5.16 (1.71)	5.56 (1.30)

Note. Higher scores indicate greater communication apprehension, perceptions of general communication ability, death anxiety, and more positive attitudes toward male homosexuality.

Table 3. Results of Hierarchical Regression Analysis of the Determinants of Communication Apprehension.

Variable	Beta	Standard Error	Significance
Sex	.169	.169	$p<.05$
Group[a]	-.646	1.205	ns
Communication Ability	-.321	.086	$p<.01$
Death Anxiety	.288	.123	$p<.05$
Attitudes Toward Male Homosexuality	-.291	.074	$p<.05$
Communication Ability X Group	.689	.127	$p<.05$
Death Anxiety X Group	.248	.162	ns
Attitudes Toward Male Homosexuality X Group	-.417	.099	$p<.09$
Total	Adjusted $R^2=.578$		$p<.001$

[a]CA-PWA or CA-Dying.

Table 4. Results of Hierarchical Regression Analysis of Time 1 to Time 2 Change Scores as Determinants of Communication Apprehension at Time 2.

Variable	Beta	Standard Error	Significance
Communication Apprehension(Time 1)	.821	.062	p<.001
Group[a]	-.110	.129	ns
Sex	.014	.145	ns
Communication Ability Change	-.119	.071	p<.09
Death Anxiety Change	.151	.086	p<.05
Attitudes Toward Male Homosexuality Change	.039	.075	ns
Total	Adjusted R^2=.725		p<.001

[a]CA-PWA or CA-Dying.